

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

ALVIN AVON BRAZIEL, JR.,

Petitioner,

VS.

RICK THALER,
Director, Texas Department of Criminal
Justice, Institutional Division,

Respondent

Cause No. 3:09-CV-1591-M

Death Penalty Case

APPENDIX TO BRIEF IN SUPPORT OF
MOTION FOR SUMMARY JUDGMENT

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TDCJ DIAGNOSTIC AND EVALUATION PROCESS DIAGNOSTIC SCREENING INTERVIEW

NAME: BRAZIEL, ALVIN AVON JR TDCJ #: 792374

DOB: 3 / 16 / 75 AGE: 22 SEX: ☒ MALE ☐ FEMALE

PLACE OF BIRTH: Dallas RACE: ☐ CAUCASIAN
☒ AFRICAN-AMER.

OLD TDC #: _____
PRIOR TDC INCARCERATIONS: YES NO ☐ HISPANIC
PRIOR ASSIGNMENT TO CTC: YES NO ☐ OTHER: _____
PRIOR ASSIGNMENT TO MROP: YES NO
ON PSYCH. SERVICES CASELOAD: YES NO

CURRENT OFFENSE: SEX ASLT CHILD 15 y/o female 5 YRS

SPECIAL CONSIDERATIONS FOR INTERVIEWS:

- ☒ NONE
☐ SPANISH-SPEAKING ONLY
☐ HEARING/VISUAL IMPAIRED
☐ WHEELCHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM
☐ SECURITY RISK: _____
☐ OTHER: _____
- no relation*

FURTHER DIAGNOSTIC II EVALUATION RECOMMENDED ☐ YES ☐ NO

REASON FOR REFERRAL:

- ☐ DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS
☐ HISTORY OF MENTAL HEALTH TREATMENT
☐ CURRENT SUICIDAL IDEATION
☐ PRIOR SUICIDAL GESTURE(S)
☐ DISPLAYED UNUSUAL BEHAVIOR
☐ AFFECTIVE DISTRESS NOTED
☐ UNUSUAL NATURE OF OFFENSE
☐ HIGH RISK FOR ADJUSTMENT PROBLEMS
☐ OTHER: _____

OTHER GENERAL COMMENTS

1. HOW ARE YOU FEELING?

Content

in the middle

(V) ()

2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?

DID YOU GET ANY TYPE OF COUNSELING? yes

FROM WHOM? (IF APPLICABLE) Counsel

WHAT WAS IT FOR? Self defense

WHEN WAS IT? last year

WHERE WAS IT?

()

(V)

3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:

() NERVES, () MENTAL PROBLEMS, OR () EMOTIONAL PROBLEMS?

SPECIFY THE MEDICATION:

WHEN DID YOU TAKE THIS MEDICATION?

BY WHOM WAS IT PRESCRIBED?

() PSYCHIATRIST

() PHYSICIAN

() OTHER:

CURRENT PSYCHOTROPIC MEDICATION:

()

(V)

4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?

WHY?

WHEN?

WHERE?

COURT COMMITMENT/VOLUNTARY

()

(V)

5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?

WHAT TYPE?

(V)

()

6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?

SPECIFY: 2 - age 3 + age 10 - heat headaches

()

(V)

7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE? + Throbbing

HOW MANY TIMES?

HOW? () CUT ARM/WRIST

() HANGING

() OD'ed ON

() OTHER:

WHEN?

WHY?

WAS MEDICAL ATTENTION REQUIRED?

() YES

() NO

()

(V)

8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?

HOW?

()

(V)

9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?

()

(V)

10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?

SPECIFY:

() ☒ 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

() ☒ 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

☒ NONE () BARBITURATES () METHAMPHETAMINE (SPEED)
() HEROIN () ACID () INHALANTS
() COCAINE () HASH () ALCOHOL
() MARIJUANA () PCP () OTHER _____

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE 8

WHERE? USA MEXICO OTHER: _____

DO YOU HAVE A () HIGH SCHOOL DIPLOMA () GED

() ☒ 15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?

WHY? _____

WHAT GRADE(S)? _____

() ☒ 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOYS' HOME, OR OTHER GROUP HOME?

WHY? _____

☒ () 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?

IF YES, SPECIFY: Current offense

() ☒ 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?

☒ () 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

uncle's wife hit his head at age 2

() ☒ 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

() ☒ 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

☒ NONE

() BARBITURATES

() METHAMPHETAMINE (SPEED)

() HEROIN

() ACID

() INHALANTS

() COCAINE

() HASH

() ALCOHOL

() MARIJUANA

() PCP

() OTHER

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE 8

WHERE? USA

MEXICO

OTHER: _____

DO YOU HAVE A

() HIGH SCHOOL DIPLOMA

() GED

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WHY? _____

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WHY? _____

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☒ () 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

uncle's wife hit his head at age 3

BEHAVIORAL OBSERVATIONS

APPEARANCE: (☒) UNREMARKABLE () DISHEVELED () ODD

HYGIENE: (☒) GOOD () FAIR () POOR

INTERACTION: (☒) COOPERATIVE () LIMITED () UNCOOPERATIVE

MOTOR BEHAVIOR: (☒) WITHIN NORMAL LIMITS () RESTLESS () DID NOT MOVE
() _____

SPEECH: (☒) CLEAR () MUMBLES () SPEECH IMPEDIMENT

RATE: (☒) SPONTANEOUS () FAST () _____

MOOD: (☒) WITHIN NORMAL LIMITS () SAD () IRRITABLE
() UNUSUALLY HAPPY () ANXIOUS () FRIGHTENED
() SILLY () _____

ALERTNESS: (☒) ALERT () CONFUSED () DAZED () DISTRACTED

No. F-0140043-S

THE STATE OF TEXAS

IN THE 282ND DISTRICT

V.

COURT IN AND FOR

ALVIN AVON JR BRAZIEL

DALLAS COUNTY, TEXAS

AFFIDAVIT

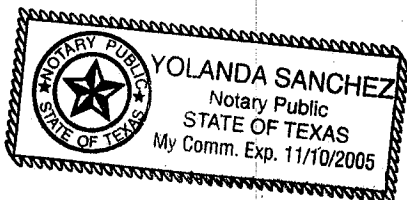
BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED **LISA AYERS**, WHO, BEING DULY SWORN, DEPOSED AS FOLLOWS:

MY NAME IS **LISA AYERS**, I AM OF SOUND MIND, CAPABLE OF MAKING THIS AFFIDAVIT, AND PERSONALLY ACQUAINTED WITH THE FACT HEREIN STATED:

I AM THE CUSTODIAN OF THE RECORDS OF THE DALLAS COUNTY HOSPITAL DISTRICT. ATTACHED HERETO ARE 15 PAGES OF RECORDS FROM THE DALLAS COUNTY HOSPITAL DISTRICT. THESE SAID 15 PAGES OF RECORDS ARE KEPT BY THE DALLAS COUNTY HOSPITAL DISTRICT IN THE REGULAR COURSE OF BUSINESS, AND IT WAS THE KNOWLEDGE OF THE ACT, EVENT, CONDITION, OPINION, OR DIAGNOSIS, RECORDED TO MAKE THE RECORD OR TO TRANSMIT INFORMATION THEREOF TO BE INCLUDED IN SUCH RECORD, AND THE RECORD WAS MADE AT OR NEAR THE TIME OR REASONABLY SOON THEREAFTER. THE RECORDS ATTACHED HERETO ARE EXACT DUPLICATES OF THE ORIGINAL, AND IT IS A RULE OF THE DALLAS COUNTY HOSPITAL DISTRICT TO NOT PERMIT THE ORIGINALS TO LEAVE THE HOSPITAL. RECORDS CREATED BY OR OBTAINED FROM OTHER HEALTHCARE PROVIDERS OR ORGANIZATIONS ARE NOT INCLUDED.

Lisa Ayers
LISA AYERS

SWORN TO AND SUBSCRIBED BEFORE ME ON THE _____ DAY OF _____, 20____.



[Signature]
NOTARY PUBLIC IN AND FOR
DALLAS COUNTY, TEXAS

MY COMMISSION EXPIRES: _____

CASE NUMBER 12452742		2		E1526		DALLAS COUNTY HOSPITAL DISTRICT PARKLAND MEMORIAL HOSPITAL REPORT OF EMERGENCY ROOM ADMISSION				ADMIT DATE 02/01/84		ADMIT TIME 18:44		UNIT NUMBER 000000500659									
LAST BRAZIER, ALVIN A.		FIRST Case 3:09-cv-01591-M		MIDDLE Document 70		MAIDEN Filed 08/18/84		AGE 30		SEX M		MARITAL Page 8 of 32		RACE Page 1 of 15		DATE OF BIRTH 08/15/54		PREV PA		TYPE FIP		STATUS FIP	
ARRIVED BY CAR				LOCATION & NATURE OF ACCIDENT AND CHIEF COMPLAINT LAC SCALP FELL										OPC NO. REGISTER									
PATIENT ADDRESS 4922 EASTGATE CR, DALLAS								STATE TX		PATIENT PHONE 214-371-2602				BIRTH PLACE-CITY-STATE DALLAS-PM TX				EMERGENCY NOTIFICATION PHONE 000-000-0000					
PERSON TO NOTIFY KING, GWEN								EMERGENCY NOTIFICATION ADDRESS DALLAS								CITY TX		E. NOT KIM		GUARANTOR PHONE 214-948-9897			
GUARANTOR NAME LANG, GLENDA C								GUARANTOR ADDRESS 4922 EASTGATE CR, DALLAS								STATE TX		ZIP CODE 75216		RELATION TO PATIENT			
GUARANTOR EMPLOYER REC AFDC								GUARANTOR EMPLOYER ADDRESS DALLAS								STATE TX		GUARANTOR EMPLOYER PHONE 000-000-0000					
INSURANCE CO. NAME				CO. NO.		PLAN NO.		GROUP NO.		POLICY/CERTIFICATE NO.				NAME OF INSURED									
MEDICARE NO.				MEDICAID NO.				NAME OF INSURED				EMPLOYER OF INSURED											
ALLERGIES				NONE				GUAR. CTY.		POLICE NOTIFIED BY		SERVICE SURG.		COUNTY 057		RELIGION BAP							

I GRANT PERMISSION TO THE MEDICAL STAFF OF DALLAS COUNTY HOSPITAL DISTRICT TO PERFORM ANY MEDICAL OR SURGICAL TREATMENT AND TO ADMINISTER SUCH ANESTHETICS AND/OR DRUGS AS MAY BE DEEMED NECESSARY IN THE DIAGNOSIS AND TREATMENT OF SAID PATIENT. FURTHERMORE I STATE THAT THE ABOVE AND FOREGOING FACTS AND INFORMATION ARE TRUE AND CORRECT TO MY PERSONAL KNOWLEDGE.

SIGNED **X**
RELATIONSHIP IF SIGNING
FOR PATIENT

WITNESS

(Munn Unisign)
R medford

PRIOR TREATMENT	TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL:	
	I.V.'S	
	MEDICATIONS AND TIME OF ADMINISTRATION	
	DEFIBRILLATION AND TIME	

DEPOSITED IN SAFE				OTHER PROPERTY				DEPOSITED IN SECURITY			
<input type="checkbox"/> WATCH	<input type="checkbox"/> RINGS	<input type="checkbox"/> WALLET	<input type="checkbox"/> KEYS	<input type="checkbox"/> UNDER WEAR	<input type="checkbox"/> SOCKS	<input type="checkbox"/> SHOES	<input type="checkbox"/> OVERALLS COVERALLS	<input type="checkbox"/> HAT	<input type="checkbox"/> GLASSES		
\$ CASH				<input type="checkbox"/> SHIRT BLOUSE	<input type="checkbox"/> SKIRT PANTS	<input type="checkbox"/> SUIT DRESS	<input type="checkbox"/> JACKET	<input type="checkbox"/> TOP COAT OVERCOAT	<input type="checkbox"/> DENTURES		
DEPOSITED BY: DATE BY				CHECKED BY: DATE				RELEASED BY: BY			

LABORATORY:				SERVICES RENDERED - (PLEASE CIRCLE)				4692 ART SEROLOGY				6283 CARDIAC ENZYMES			
4639 4600 2957 2954 CBC-DIFF CBC SMA SMA ¹²				T & C: 4875 BLOOD GASES TOXICOLOGY FBS:											
4515 AMYLASE: 4707 URINALYSIS: 4859 LIVER BATTERY 4031 SGOT 6277 PROTIME & PTT CULTURE															
OTHER				X-RAY ORDERED											

TRAYS ORDERED:		FOLEY		CATH		DRAINAGE BAG		URIMETER		VEN		L. P.		C. D.		PAR.		LEVIN TUBE		ASEPTO		SUTURE		I & D		TRACH	
----------------	--	-------	--	------	--	--------------	--	----------	--	-----	--	-------	--	-------	--	------	--	------------	--	--------	--	--------	--	-------	--	-------	--

O ₂ MASK		CANNULA		IPPB		RESPIRATOR EKG		CVP		SUTURE REMOVAL SET		REQUEST CHART	
ORDERS & TREATMENTS		NURSE MUST INITIAL & RECORD TIME WHEN ORDER OR TREATMENT IS COMPLETED										CHARGES	
TIME ORDERED	B/F	100	60	T	36	P	100	R	18	TIME TAKEN	18:55	NURSING PERSONNEL INITIALS	9-21-84
TETANUS TOXOID												DIPHTHERIA/TETANUS TOXOID	
Lut 26-67 K.S. Room - suture													
												X-RAYS	
												CENTRAL SUPPLY	
												TREATMENTS	
												REGISTRATION	
												PATIENT ALLOWANCE	
												CASH PAYMENT	
												NET TOTAL	
PRIMARY DIAGNOSIS scalp lac												NO. SUTURES	
DISPOSITION home												APPOINTMENT TO:	
PHYSICIAN'S SIGNATURE [Signature]												TIME DISCHARGED	
INSTRUCTIONS GIVEN? <input type="checkbox"/> YES												PATIENT SIGNATURE IF INSTRUCTIONS GIVEN X	
FORM NO. 38002 (REV. 1/79)												MEDICAL RECORD	

005

CONDITION ON ADMISSION: ☐ GOOD ☐ FAIR ☒ SERIOUS ☐ CRITICAL

HISTORY: *Syn BM fell off bike - cut on back of head and scraped forehead. @ 1.00*
Tetanus status current

PHYSICAL FINDINGS: GENERAL *Alert, OX3, NAD*

HEENT *PERRL, EOMI*
fundic benign

NECK *forehead abrasions clean*

CHEST *Back of head 1 1/2" lacer - ellipse clean appearing*

HEART *Repaired lacer 4-0 nylon interrupted*
P cleaning area - Betadine and
anesth - 1% Lidocaine - epi

EXT. *skull film @*

NEUROLOGICAL

VASCULAR

INSTRUCTIONS TO PATIENT AND DISPOSITION: *RTC 7d ACC suture removal*

IMPRESSION: *scalp lacer - abrasions*

CONDITION ON DISCHARGE:

(CONTINUE ON PROGRESS NOTE IF NECESSARY) IF ADMITTED, WRITE WARD ORDERS ON DR'S ORDER SHEET & ATTACH

TO WHOM IT MAY CONCERN:

RELEASE

DECLARING MYSELF TO BE THE RESPONSIBLE PARTY I AM VOLUNTARILY REMOVING _____ FROM DALLAS COUNTY HOSPITAL DISTRICT AND I HEREBY ASSUME ANY AND ALL RESPONSIBILITY FOR ACCIDENT OR ILLNESS ATTENDING OR FOLLOWING THE ABOVE NAMED PATIENT'S DISCHARGE FROM THE ABOVE NAMED INSTITUTION. I ACKNOWLEDGE LIABILITY FOR ALL INCURRED EXPENSES, INCLUDING THE EMERGENCY SERVICES REGISTRATION FEE.

WITNESS

SIGNED X

DATE

TIME

CASE NUMBER 556214		2		DALLAS COUNTY HOSPITAL DISTRICT PARKLAND MEMORIAL HOSPITAL REPORT OF EMERGENCY ROOM ADMISSION		ADMIT DATE 03/23/80		ADMIT TIME 22:36		UNIT NUMBER 500659	
LAST NAME BRAZIEL, ALVIN A.		FIRST NAME BAILEY		DOB 08/18/64		SEX M		RACE S		STATUS B	
ARRIVED BY CAR		LOCATION & NATURE OF ACCIDENT AND CHIEF COMPLAINT HIGH TEMP		OPC NO. REGISTER		DATE OF BIRTH 03/16/75		AGE 4		TYPE F1P	
PATIENT ADDRESS 841 ARPEGE CR., DALLAS		STATE TX		PATIENT PHONE 214-374-5284		BIRTH PLACE-CITY-STATE DALLAS-PM TX		EMERGENCY NOTIFICATION PHONE 214-374-7407			
PERSON TO NOTIFY JERNIGAN, THERESSA		EMERGENCY NOTIFICATION ADDRESS 841 ARPEGE CR., DALLAS		CITY DALLAS		STATE TX		E. NOT. KIN. 4		GUARANTOR PHONE 214-374-7407	
GUARANTOR NAME BRAZIEL, GLENDA		GUARANTOR ADDRESS 841 ARPEGE CR., DALLAS		CITY DALLAS		STATE TX		ZIP CODE 75224		RELATION TO PATIENT 2	
GUARANTOR EMPLOYER SOUTHERN MORG. TRUST		GUARANTOR EMPLOYER ADDRESS		CITY		STATE		GUARANTOR EMPLOYER PHONE 000-000-0000			
INSURANCE CO. NAME		CO. NO.		PLAN NO.		GROUP NO.		POLICY/CERTIFICATE NO.		NAME OF INSURED	
MEDICARE NO.		MEDICAID NO.		NAME OF INSURED		EMPLOYER OF INSURED					
ALLERGIES: NKDA		GUAR. CTY.		POLICE NOTIFIED BY		SERVICE PEDI		COUNTY 057		RELIGION BAP	

I GRANT PERMISSION TO THE MEDICAL STAFF OF DALLAS COUNTY HOSPITAL DISTRICT TO PERFORM ANY MEDICAL OR SURGICAL TREATMENT AND TO ADMINISTER SUCH ANESTHETICS AND/OR DRUGS AS MAY BE DEEMED NECESSARY IN THE DIAGNOSIS AND TREATMENT OF SAID PATIENT. FURTHERMORE I STATE THAT THE ABOVE AND FOREGOING FACTS AND INFORMATION ARE TRUE AND CORRECT TO MY PERSONAL KNOWLEDGE.

SIGNED **X Glenda Braziel**
RELATIONSHIP IF SIGNING FOR PATIENT
WITNESS **SIS**

TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL:

PRIOR TREATMENT	I.V.'S
	MEDICATIONS AND TIME OF ADMINISTRATION
	DEFIBRILLATION AND TIME

<input type="checkbox"/> WATCH <input type="checkbox"/> RINGS <input type="checkbox"/> WALLET <input type="checkbox"/> KEYS <input type="checkbox"/> CASH DEPOSITED BY: _____ DATE _____ BY _____		DEPOSITED IN SAFE <input type="checkbox"/> UNDER WEAR <input type="checkbox"/> SOCKS <input type="checkbox"/> SHOES <input type="checkbox"/> OVERALLS <input type="checkbox"/> HAT <input type="checkbox"/> SHIRT BLOUSE <input type="checkbox"/> SKIRT PANTS <input type="checkbox"/> SUIT DRESS <input type="checkbox"/> JACKET <input type="checkbox"/> TOP COAT <input type="checkbox"/> OVERCOAT CHECKED BY: _____ DATE _____ RELEASED BY _____		DEPOSITED IN SECURITY <input type="checkbox"/> GLASSES <input type="checkbox"/> DENTURES BY: _____	
--	--	--	--	---	--

LABORATORY:		SERVICES RENDERED - (PLEASE CIRCLE)	
4639 CBC-DIFF	4600 CBC	2957 SMA ⁶	2954 SMA ¹²
T & C:		4875 BLOOD GASES	4892 ART SEROLOGY
4515 AMYLASE	4707 URINALYSIS	4859 LIVER BATTERY	6283 CARDIAC ENZYMES
4031 SGOT	6277 PROTIME	& PTT	CULTURE

X-RAY ORDERED	
TRAYS ORDERED:	FOLEY CATH DRAINAGE BAG URIMETER VEN L.P. C.D. PAR LEVIN TUBE ASEPTO SUTURE I & D TRACH

O ₂ MASK	CANNULA	IPPB	RESPIRATOR	EKG	CVP	SUTURE REMOVAL SET	REQUEST CHART
---------------------	---------	------	------------	-----	-----	--------------------	---------------

ORDERS & TREATMENTS		NURSE MUST INITIAL & RECORD TIME WHEN ORDER OR TREATMENT IS COMPLETED		CHARGES	
TIME ORDERED	B/P	T. 38.7 P.	R.	TIME TAKEN	2:45
TETANUS TOXOID		DIPHTHERIA/TETANUS TOXOID			
19 kilo					
2255 Tylenol 1 tsp po q 4 hr, child medicine at 18.					
2340 repeat temp 39.0					
PRIMARY DIAGNOSIS		NO. SUTURES			
APPOINTMENT TO:					
SIGNATURE		TIME DISCHARGED		INSTRUCTIONS GIVEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PATIENT SIGNATURE IF INSTRUCTIONS GIVEN					
005 ⁹					

WAPPA

SIGNED ☒ RELATIONSHIP IF SIGNING FOR PATIENT ☐

SIGNED (X) <i>Glenda C. Brazil</i>		SURG. <i>631</i>	
RELATIONSHIP, IF SIGNING FOR PATIENT		WITNESS <i>2</i>	

1

Exam - 1.5 cm laceration chin.

PHYSICAL FINDINGS: GENERAL
 Cleared & tetanus
 Subcutaneous running stitch & 4-0 Uryl
 Steri Strips over skin

HEENT
 NECK

CHEST
 Impression: Chin laceration

HEENT
 Plan: wound check in one week
 JAC

ABD.

EXT.

NEUROLOGICAL

VASCULAR

INSTRUCTIONS TO PATIENT AND DISPOSITION:

IMPRESSION:

CONDITION ON DISCHARGE:

(CONTINUE ON PROGRESS NOTE IF NECESSARY) IF ADMITTED, WRITE WARD ORDERS ON DR'S ORDER SHEET & ATTACH

OF WHOM IT MAY CONCERN:

RELEASE

DECLARING MYSELF TO BE THE RESPONSIBLE PARTY I AM VOLUNTARILY REMOVING
 FROM DALLAS COUNTY HOSPITAL DISTRICT
 AND I HEREBY ASSUME ANY AND ALL RESPONSIBILITY FOR ACCIDENT OR ILLNESS
 ATTENDING OR FOLLOWING THE ABOVE NAMED PATIENT'S DISCHARGE FROM THE ABOVE
 NAMED INSTITUTION. I ACKNOWLEDGE LIABILITY FOR ALL INCURRED EXPENSES, IN-
 CLUDING THE EMERGENCY SERVICES REGISTRATION FEE.

WITNESS _____ SIGNED X _____
 DATE _____ TIME _____

CASE NUMBER 4053632		MOREAU		DALLAS COUNTY HOSPITAL DISTRICT PARKLAND MEMORIAL HOSPITAL REPORT OF EMERGENCY ROOM ADMISSION		ADMIT DATE 05/17/79		ADMIT TIME 02:32		UNIT NUMBER 500659	
LAST BRAZIEL		FIRST ELSON		MIDDLE V		MAIDEN M		AGE 1591		Document 70 Filed 08/18/2014 Page 3 of 3 PageID# 602010 F1P	
ARRIVED BY CAR		LOCATION & NATURE OF ACCIDENT AND CHIEF COMPLAINT VOMITING							OPC NO. REGISTER		
PATIENT ADDRESS 841 ARPEGE CR., DALLAS						STATE TX		PATIENT PHONE 214-374-5284		BIRTH PLACE-CITY-STATE DALLAS-PM TX	
PERSON TO NOTIFY JERNIGAN, THERESSA				EMERGENCY NOTIFICATION ADDRESS 841 ARPEGE CR., DALLAS				CITY TX		STATE E. NOT. TX 4	
GUARANTOR NAME BRAZIEL, GLENDA				GUARANTOR ADDRESS 841 ARPEGE CR., DALLAS				STATE TX		ZIP CODE 75224	
GUARANTOR EMPLOYER				GUARANTOR EMPLOYER ADDRESS				STATE		GUARANTOR EMPLOYER PHONE 000-000-0000	
INSURANCE CO. NAME		CO. NO.		PLAN NO.		GROUP NO.		POLICY/CERTIFICATE NO.		NAME OF INSURED	
MEDICARE NO.		MEDICAID NO.		NAME OF INSURED		EMPLOYER OF INSURED					
ALLERGIES: NKDA						GUAR. CTY.		POLICE NOTIFIED BY		SERVICE PEDI	
						COUNTY 057		RELIGION BAP			

I GRANT PERMISSION TO THE MEDICAL STAFF OF DALLAS COUNTY HOSPITAL DISTRICT TO PERFORM ANY MEDICAL OR SURGICAL TREATMENT AND TO ADMINISTER SUCH ANESTHETICS AND/OR DRUGS AS MAY BE DEEMED NECESSARY IN THE DIAGNOSIS AND TREATMENT OF SAID PATIENT. FURTHERMORE I STATE THAT THE ABOVE AND FOREGOING FACTS AND INFORMATION ARE TRUE AND CORRECT TO MY PERSONAL KNOWLEDGE.

SIGNED
RELATIONSHIP IF SIGNING
FOR PATIENT

Theresa Jernigan
WITNESS

PRIOR TREATMENT	TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL:	
	I.V.'S	
	MEDICATIONS AND TIME OF ADMINISTRATION	
	DEFIBRILLATION AND TIME	

<input type="checkbox"/> WATCH		<input type="checkbox"/> RINGS		<input type="checkbox"/> WALLET		<input type="checkbox"/> KEYS		<input type="checkbox"/> UNDER WEAR		<input type="checkbox"/> SOCKS		<input type="checkbox"/> SHOES		<input type="checkbox"/> OVERALLS COVERALLS		<input type="checkbox"/> HAT		<input type="checkbox"/> GLASSES	
\$ CASH								<input type="checkbox"/> SHIRT BLOUSE		<input type="checkbox"/> SKIRT PANTS		<input type="checkbox"/> SUIT DRESS		<input type="checkbox"/> JACKET		<input type="checkbox"/> TOP COAT OVERCOAT		<input type="checkbox"/> DENTURES	
DEPOSITED BY:		DATE		BY		CHECKED BY:		DATE		RELEASED BY		DATE		BY:					

LABORATORY:				SERVICES RENDERED - (PLEASE CIRCLE)				4692 ART SEROLOGY				6283 CARDIAC ENZYMES			
4639 4600 2957 2954 CBC-DIFF CBC SMA ⁶ SMA ¹²				T & C				4875 BLOOD GASES TOXICOLOGY FBS							
4515 4707 4859 4031 6277 AMYLASE: URINALYSIS: LIVER BATTERY SGOT PROTIME & PTT CULTURE															
OTHER															

X-RAY ORDERED															
TRAYS ORDERED: FOLEY CATH DRAINAGE BAG URIMETER VEN L. P. C. D. PAR. LEVIN TUBE ASEPTO SUTURE I & D TRACH															

O ₂ MASK CANNULA IPPB RESPIRATOR EKG CVP SUTURE REMOVAL SET REQUEST CHART									
ORDERS & TREATMENTS NURSE MUST INITIAL & RECORD TIME WHEN ORDER OR TREATMENT IS COMPLETED									
TIME ORDERED	B/P	T. 100	P.	R.	TIME TAKEN	0305	NURSING PERSONNEL INITIALS	AV	
TETANUS TOXOID DIPHTHERIA/TETANUS TOXOID									
wt: 167.3 lbs.									
PRIMARY DIAGNOSIS: Viral AE									
DISPOSITION: Home									
PHYSICIAN'S SIGNATURE: <i>[Signature]</i> TIME DISCHARGED: 0345 INSTRUCTIONS GIVEN: X PATIENT SIGNATURE IF INSTRUCTIONS GIVEN: X									
FORM NO. 58002 (REV. 1/79) MEDICAL RECORD									
CHARGES									
LABORATORY									
DRUGS									
X-RAYS									
CENTRAL SUPPLY									
TREATMENTS									
REGISTRATION									
PATIENT ALLOWANCE									
CASH PAYMENT									
NET TOTAL									
005⁴²									

3 23 80

DATE Case 3:09-cv-01591-M Document 70 Filed 08/18/14 Page 14 of 32 PageID 6821

NAME 3/23/80 ES 408 AGE 50 RACE 50 SEX 59 D.O.B. 3/16/78
 PARENT 50 06 59 C 5562142 ADDRESS 374-5284 PHONE 374-7400
 BRAZIEL, ALVIN
 TEMP. 10 PULSE 05/M/8 RESP. S B/P 19 WT. Kilo

HISTORY & PHYSICAL 5 y old BM & by cough Minonhen -
 mod. fever at night - today has vomited x2 today
 and vigorous cough - No diarrhea
 No other problems

PE - ADW/VBM - No acute distress
 HEENT - Clear - Intra oral - No
 Necklyde Chest Clear Heart
 Abd. May
 Ext. W/W
 Neuro intact

DIAGNOSIS

VMD good

TREATMENT:

- fever/pt
 - fluids
 - return of fever persists x 3 days

(Physician's Signature)

Time

006

FILE ON FRONT CLIP IN DATE ORDER

Case 3:09-cv-01537-MFS Document 70 Filed 08/18/14 Page 15 of 32 PageID 6822
 DATE 50 06 59 C 4053632 E.S.#

NAME BRAZIEL ALVIN
 10 4 MB N

AGE RACE SEX D.O.B.

PARENT Glenn Brazil ADDRESS 841 Dupree Cr. PHONE 374-5284

TEMP. 100.4 PULSE RESP. B/P WT. 16 1/2 kilo

HISTORY & PHYSICAL

4 y/o BM who this morning began vomiting and having subjective fever & headache. Had URF last week. No diarrhea. No known exposures, but does go to school.

PE: WOWN BM in NAD

HEENT: normocephalic; PERL, ROM intact; TM's, mouth - clear

Neck: supple

Chest: clear

Heart: RR. S1/S2 /VT S4 @ LSA

Abd: benign

Ext: no C or E

Neuro: intact

DIAGNOSIS Viral GE

TREATMENT: 1) Small, frequent clear liquid

2) Tylenol for fever, H.A.

3) RTC in 2 days if fever persists

Need for and risks of

(procedure)

discussed with parent(s) and consent obtained

(Physician's Signature)

0343
Time

006

MEDICAL RECORD

CONDITION ON ADMISSION: **GOOD**

HISTORY: **3 y/o boy** - **Case 3-09-09-01591-M** - **Document 30** - **Filed 08/18/14** - **Page 18 of 32** - **PageID 6825**
who was carrying for him. No reason for the beating. Apparent he fell on his head occurred. Patient has no known medical problem. Mother came from work and found him beat up - She felt that child is more sleepy than usual for him.
Patient seems a bit small for stated age of 3.
HEENT: Patient has PER, FOMI, release clear - fundi not visible - TM clear
Child has bruise & erythema under Rt eye, - over left eye to temporal area, and
NECK: swelling now accepted - No other clear
CHEST: - Bilateral Breasts and shoulders - Chest clear to AP
HEART: **S₁ & S₂ (splitting not apparent)** - **Dr. SEM, heard best in aorta and**
ABD: - **BS present = Soft - benign, - no masses, - no evidence of trauma**
EXT: **Ataxia - when patient walks he drops his leg - insidious postural fall**
NEUROLOGICAL: **patient sleepy but easily arousable, able to state age, - able to walk & ataxia**
VASCULAR: **normal**
INSTRUCTIONS TO PATIENT AND DISPOSITION: **Neuro consult - X-Ray - accepted skull fx**
HISTORY OF PRODUCT RELATED INJURY: **Admit to P.S.**
IMPRESSION: **Admit to P.S.**
CONDITION ON DISCHARGE: **Admit to P.S.**
TO WHOM IT MAY CONCERN: **RELEASE**
DECLARING MYSELF TO BE THE RESPONSIBLE PARTY I AM VOLUNTARILY REMOVING FROM DALLAS COUNTY HOSPITAL DISTRICT AND I HEREBY ASSUME ANY AND ALL RESPONSIBILITY FOR ACCIDENT OR ILLNESS ATTENDING OR FOLLOWING THE ABOVE NAMED PATIENT'S DISCHARGE FROM THE ABOVE NAMED INSTITUTION. I ACKNOWLEDGE LIABILITY FOR ALL INCURRED EXPENSES INCLUDING THE EMERGENCY SERVICES REGISTRATION FEE.
WITNESS: **SIGNED X**
DATE: **002**

Unit # H/lin Brazil
Address BRAZIEL, ALVIN M/B
Birthdate 10-C15 03/16/75
003 9/27/78 700424 JAW
Classification _____
OP ☐ ER ☐ IP ☐ Admit # _____

**PEDIATRIC NURSES ADMISSION NOTE
19 MONTHS AND OLDER**

Date: 9/27/78 Time: 0135 Age: 3 Sex: Male

Name: Alvin Brazil (Check spelling of name on hospital record with parent).
Nickname: June Buggy

Diagnosis: Skull Fx. (Sister-In-law may have beaten child.)

Accompanied by: Glenda Brazil Relationship: Mother

How Admitted: ☐ Ambulatory ☐ Wheelchair ☒ Stretcher ☐ Other _____

Admitted From: ☒ E.R. ☐ O.R. ☐ Clinic ☐ Admitting Office

Vital Signs: T 100 P 144 R C BP 110/80 WT. 30/6 HT. _____

CLOTHING: ☐ Returned to parents ☐ Left at bedside

INSTRUCTIONS GIVEN TO PATIENT/PARENTS:

- ☒ Call Light ☒ Visiting Regulations ☐ Mealtimes ☒ Bedrest
☐ Given Parent Booklet ☒ Side Rails Up at all Times
None Available

Marlene Fisher, R.N.
Signature and Title

GENERAL APPEARANCE:

Skin: ☒ Warm ☐ Cold ☒ Dry ☐ Moist
☐ Bruise ☐ Rash ☐ Sores ☐ Abrasions ☐ Other _____

Location and Description: large Hematoma & Swelling at
Color: ☐ Normal ☒ Pale ☐ Flushed ☐ Jaundiced ☐ Cyanotic back right side of head.

OBSERVATIONS:

Pain: ☐ No ☒ Yes Location: Head - Swollen Slightly at Back
☐ Sharp ☐ Aching ☐ Constant ☒ Intermittent Especially when moved

Respirations: ☐ Regular ☒ Irregular ☐ Shallow ☒ Deep ☐ Stridor
☐ Grunting ☐ Wheezing ☐ Retractions ☐ Nasal Flaring Crying

MENTAL STATUS: ☒ Alert ☐ Happy ☐ Unhappy ☒ Irritable ☐ Hyperactive
☐ Unconscious ☐ Lethargic ☐ Sleeping

ALLERGIES: NKA

HANDICAPS: No

Marlene Fisher, R.N.
Nurse's Signature **276**

PERSONAL CARE:

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Does the child need assistance with: ☐ Dressing ☐ Bathing ☐ Combing ☐ Brushing teeth

COMMUNICABLE DISEASE HISTORY:

Has the child been exposed to any of the following within the past month? No

☐ Measles ☐ Mumps ☐ Chicken Pox ☐ Flu ☐ Other _____

Immunizations: DPT _____ Measles _____ Polio _____

TB Skin Test _____ Other _____

DENTAL CARE:

No

Up to Date

When was your child last seen by a dentist: _____

COMMUNICATION:

Language spoken in home: ☒ English ☐ Spanish ☐ Other _____

Speaks well ✓ _____ Few Words _____

Comments: Speaks plain

PLAY:

What is your child's favorite toy? Vans, Trucks Did you bring it along? No

Any favorite games: _____ Who does your child play with? _____

Does your child have a pet at home? No What is it? _____

What is the pet's name? _____

SCHOOL:

Does your child attend nursery school? _____ Grade School _____

Name of school _____ District _____ Grade _____

☐ Learning difficulties ☐ Behavior problems

Name of best friend(s): _____

Name of favorite teacher: _____

List any special interests (hobbies, favorite books, favorite TV show, etc.) _____

Is there anything else about your child that you feel we should know to make his/her stay as pleasant as possible? No

OBSERVATIONS OF FAMILY INTERACTION (child and mother, father, and/or significant other):

Mother very concerned - questioned incidence of child abuse seen here. Expresses bitterness toward sister-in-law. Holding & cuddling child closely - afraid she may hurt child

INITIAL ASSESSMENT OF PATIENT'S NEEDS:

- 1) Frequent observation for ↓ level of consciousness or any change in neuro signs
- 2) Soothe and try to keep quiet and prevent anxiety
- 3) Watch for rigors and or vomiting (clear liquids only)

Marlene Fisher, R.N.

Nurse's Signature

Name of a friend or relative: _____

Address: _____

Phone Number: 374-7407 Hor

Who does the child live with? ☒ Parents ☐ Legal Guardians ☐ Other Mother

Are parents: ☐ Married ☐ Separated ☐ Divorced

Names and ages of brothers and sisters: 4 yr. old hakeia No Father sister

Where do brothers and sisters live? Mother

Others living in home: _____

Has your child been in a hospital before? No

If yes, why _____

When _____

Where _____

Adjustment to hospital: _____

What did you tell your child about why he/she is being admitted to the hospital? _____

Has your child exhibited any extreme fears concerning:

☐ Needles ☐ People in white uniforms ☐ Other _____

Have any changes occurred in the environment recently? ☐ Birth of a sibling

☐ Death of a relative ☐ Illness in home ☐ Other _____

What medication is he/she on at home? No

How does he/she take it? _____

Do you have a public health nurse? _____ Name: _____

At what time of day will you be visiting your child? Will be staying as much

Where can you be reached if not at home? as possible.

EATING HABITS:

Does your child: ☐ Use bottle ☐ Spoon ☐ Cup ☒ Feeds self alone ☐ Feeds self with help.

What fruit juices does your child drink? Orange Punch

Prefers white or chocolate milk: Both

Twenty-four hour diet recall: _____

Good Appetite - No particular food dislikes

Are there any other feeding routines or aids that we should know about? _____

☐ Pacifier ☐ Sucks thumb Which thumb? left - Both, mainly left.
☐ Rt. Handed ☒ Lt. Handed

ELIMINATION:

Is your child toilet trained for: ☒ Bowel Movement ☒ Urination Goes By self.

How long? _____

Does your child wear diapers? No

toilet chair or toilet? Toilet

Does your child use a _____

What is the word used for: Urination _____

Bowel Movement _____

Is the child taken to toilet at night? No if yes, at what time _____

SLEEPING HABITS:

When is bedtime: 9:30

Are naps taken? Yes

If yes, what time? 3:30

Sleeps about 1 hour.

Who does your child sleep with? By self

☐ Crib ☐ Bed with sides ☒ Adult bed

Describe any special bedtime routine; e.g., having prayers heard, taking teddy bear or doll to bed,

uses a night light: No set routine.

DATE	TIME	NURSES NOTES
9/27/78	0230	This 3 year old black male was admitted from the emergency room with diagnosis of a skull fracture. Mother states that her brother's wife beat the child, but does not know exactly what happened. Child was alert and neuro-signs were stable on admission — pupils are equal and reactive to light, has movement of all 4 extremities, but complains of pain on left side — no swelling noted in any of left extremities. Has mild swelling at back and right side of head. Verbalizing appropriately with mother, who assisted ^{even} accompanied child and is still present at bedside. Child took 130cc of apple juice and tolerated without vomiting. Resting quietly at this time. — Marlene Fisher, R.N.
	0515	Temperature on admission was 100° rectally and then at 0400 was 100° orally — tried to take covers off of child — but he cried so single thickness sheet over him. Mother has been at bedside since admission. Took 130cc of apple juice this shift. Voided once — urine was dark yellow and clear. Neurologically, remains stable — pupils equal and reactive to light, all extremities moved on command. D side slightly weaker in both upper and lower extremities. Complains of pain intermittently, especially when crying or moving around. Sleeping quietly at this time. — Marlene Fisher, R.N.
	1000	Temp 100°. N/S stable: pt is alert and pupils are equal & reactive. All has movement of all extremities. Some faint clear pupils, but pt vomited all rect back. Called for neuro DR. Keeping close watch on pt. Mom at head. — Thank you for a short difference.
9-27-78	0940	Alert and tolerating feedings fairly well. Easily alert. No distress noted. Police officer here at about 1630 and I talked with parents. — Patricia Murray R.N.

Mother - Glenda Turner

~~516~~ 516 Colgate Dr

Waverly 75134

972-218-5717

Disconnected
6-5-03
WTAer

Father - Not Involved

Sister - Zephira Turner

28

} Same
Fa

Kenard Banks

21

Wendy Wang

19

} Same
father

Brianna Wang

11

Laquasia

Glenda Turner

Police had a warrant for car (see Valerie Little) Vol. 33 -

They also went into house & got

w
G went into office - Harrison + Franklin -
she spoke w Harrison twice -

* { She was told she would testify - was not
called & never told why not.

Note - The CW in the statutory rape prior
was at the trial -

WAS NOT CALLED
BY EITHER SIDE

~~SHE WAS NEVER ASKED ABOUT THE NAME~~
GP.
C's Mother - Lucrecia Turnipseed - Edward
Bi-Polar - Schizophrenia
Terrell State Hosp

Brother - Edward Bi-Polar - Schizophrenia Since 16
Terrell
Lehigh Valley
Green Oaks

C's Mo. - PMH Psychiatric Unit
20 years ago
- hearing voices
- religious manifestation

C's Uncle - Mark Webster

C has written some "strange" letters

C had skull fracture at age 34-
PMH

He was hit, by VANESSA JORDAN, in head
w/ a stick - in coma for while - not there
to live for while.

Still has SCAR on back of head

STATE OF TEXAS §

§ AFFIDAVIT

COUNTY OF DALLAS §

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared Glenda Turner, who being by me duly sworn, on her oath deposed and said:

"My name is Glenda Turner. I am over the age of 18 and capable of making this affidavit. I am the mother of Alvin Brazier, Jr. He was born on March 16, 1975. I am also the mother of Kinard Brazier and Lakicia Turner.

"In the time before Alvin's trial for capital murder, I was contacted by my son's attorneys. I went to Rick Harrison's once or twice. I do not remember ever going to the office of Richard Franklin to discuss Alvin's case. Neither do I remember either of the attorneys or their representative coming to my home.

"I was never asked to assist the trial team to prepare a social history for Alvin. More specifically, I was never asked whether Alvin had ever suffered serious head injuries or whether my family or Alvin's father's family had any history of psychiatric or psychological treatment. Neither was I asked about the circumstances of the homes that Alvin grew up in.

"I have been diagnosed with schizophrenia. I take Seroquel for my symptoms. My son Kinard, too, has been diagnosed with the disease. He is prescribed Zyprexa and Depakote for his symptoms. My mother has suffered two 'nervous breakdowns' and has been sent to the state hospital. My brother, Mark Webster, too, has been diagnosed with schizophrenia. I remember times when Alvin showed symptoms of schizophrenia, usually audio hallucinations. The times that I remember this most is when he was incarcerated relative the allegations of sexual assault of Tewania Taylor.

"When Alvin was two and a half years old, he was being watched by my sister-in-law, Vanessa Jernigan. For some reason, Vanessa hit Alvin in the head with a wooden stick causing a serious injury. Alvin was taken to Parkland Hospital and was kept there for approximately two weeks.

"Alvin was physically abused by my husband, Jimmy Lang. He and Kinard were whipped viciously by Lang. Though I don't remember seeing the attacks, I saw the physical results to the boys.

"At Alvin's trial, I was told that I had to remain out of the courtroom because I might be a witness, but I never testified."

Further affiant sayeth not.

Signed, August 7th, 2010.

Glenda Turner

Glenda Turner, Affiant

SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of August, 2010.

Notary Public, State of Texas

74139

C L E R K ' S R E C O R D
DEATH SENTENCE APPEAL
Volume ONE of ONE

Trial Court Cause Number F01-40043-QS
In the JUDICIAL District Court #282
of Dallas County, Texas,
Honorable K. GREENE, Judge Presiding.

THE STATE OF TEXAS, Plaintiff

vs.

ALVIN AVON BRAZIEL JR, Defendant

Appealed to the
Court of Criminal Appeals of Texas at Austin, Texas,
or Court of Appeals for the 5TH District of Texas, at DALLAS, Texas.

Attorney for Appellant

Name ADAM SEIDEL

Address CHATEAU PLAZA, STE 1400, 2515 MCKINNEY AVE, DALLAS, TX 75201

Telephone No. 214-237-0835

Fax No. 214-237-0901

SBOT No. 17999290

Attorney for: ALVIN AVON BRAZIEL JR.

FILED IN
COURT OF CRIMINAL APPEALS

DEC 21 2001

Troy C. Bennett, Jr., Clerk

Delivered to the Court of Criminal Appeals of Texas at Austin, Texas,
or Court of Appeals for the 5TH District of Texas, at DALLAS, Texas,
on the 18TH day of DECEMBER, 2001.

signature of clerk

name of clerk

title

Appellate Court Cause No. _____

Filed in the Court of Criminal Appeals of Texas at Austin, Texas,
or Court of Appeals for the 5TH District of Texas, at DALLAS, Texas;
this 18TH day of DECEMBER, 2001.

JIM HAMLIN, DALLAS COUNTY DISTRICT CLERK

By JANE MILLER, Deputy

FORM 355A

1 ALVIN AVON BRAZIEL JR CAUSE NO. F01-40043-QS
2 VS: IN THE 282ND JUDICIAL DISTRICT
3 THE STATE OF TEXAS COURT OF DALLAS COUNTY, TEXAS
4 -----

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6 DEATH SENTENCE APPEAL

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(AUG 24 01)

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